

PATENT NUMBER

O.I.P.E. AC GUD SCANNED O.A. ck	PATENT DATE
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APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/595660		705		2761	<i>Waltz</i>

APPLICANTS

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system for monitoring health, wellness and fitness

PTO-2040
12/99[illegible]

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) _____ (Date)			NOTICE OF ALLOWANCE MAILED	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Primary Examiner) _____ (Date)			ISSUE FEE	
				Amount Due	Date Paid
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